

FOR
FCC
USE
ONLY

FCC 338
AM STATION
MODULATION DEPENDENT CARRIER LEVEL (MDCL)
NOTIFICATION

FOR COMMISSION USE ONLY

FILE NO.

SECTION I - GENERAL INFORMATION

1. Legal Name of the Applicant HUFFINES LICENSE SUBSIDIARY, LLC		
Mailing Address 8200 Douglas Avenue Suite 300		
City DALLAS	State or Country (if foreign address) TX	ZIP Code 75225
Telephone Number (include area code) 214-526-3000		E-Mail Address don@huffinescommunities.com
FCC Registration Number 0019-66-6510	Call Sign WMET	Facility ID Number 4643

2. Contact Representative (if other than licensee/permittee) ANTHONY T. LEPORE, ESQ.		Firm or Company Name RADIOTVLAW ASSOCIATES, LLC
Mailing Address 4101 Albemarle St NW #324		
City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20016
Telephone Number (include area code) 202.681.2201		E-Mail Address anthony@radiotvlaw.net

3. **Community of License:** City: GAITHERSBURG State: MD

4. **Date MDCL Control Operation commenced:** 04/04/2018 (mm/dd/yyyy)

5. In the event of interference, questions should be directed to licensee's technical representative:

Name Kent Loney	Telephone Number (include area code, omit dashes) 2145333332
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6. Technical Data:

Transmitter Manufacturer: GatesAir

Transmitter Model: 3DX-50

MDCL Control Technology Used: ACC ☐ AMC ☒ DAM ☐

DCC ☐ Other (Specify): _____

7. **Anti-Drug Abuse Act Certification.** Licensee certifies that neither licensee nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.

☒ Yes ☐ No

8. Licensee certifies that its MDCL operation will not cause human exposure to radio frequency radiation in excess of the limits for maximum permissible exposure specified in Section 1.1310 of the Commission's rules, and it is therefore categorically excluded from environmental processing pursuant to Section 1.1306(b) of the Commission's rules.

☒ Yes ☐ No

If No, licensee must submit an environmental assessment (EA) and may not commence MDCL operation until the EA is acted upon by the Commission.

Exhibit No.

CERTIFICATION

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing DONALD HUFFINES	Typed or Printed Title of Person Signing MANAGING MEMBER
Signature /Donald Huffines/	4/5/18

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